

<b>1. DISTRICT COURT CASE NO.</b> 3:02-cv-00339		<b>2. SHORT CASE TITLE</b> Oregon Advocacy Center et al v. Mink et al			
<b>3. COURT OF APPEALS CASE NO.</b> N/A		<b>4. <input type="checkbox"/> I do not intend to designate any portion of the transcript and will notify all counsel of this intention.</b>			
<b>5. NAME</b> (Person Ordering Recording/Transcript) Carla Scott		<b>6. PHONE NUMBER</b> 503-7981664		<b>7. DATE</b> 1/27/25	
<b>8. E-MAIL ADDRESS</b> carla.a.scott@doj.oregon.gov	<b>9. MAILING ADDRESS</b> 100 SW Market Street	<b>10. CITY</b> Portland	<b>10. STATE</b> OR	<b>11. ZIP</b> 97201	
<b>12. ORDER FOR</b> <input type="checkbox"/> PLAINTIFF NAME: _____ <input checked="" type="checkbox"/> DEFENDANT NAME: Dolores Matteucci _____ <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT (CJA-24 voucher attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS (CJA-24 voucher attached)					
<b>13. AUDIO RECORDING ONLY REQUESTED</b> <b>Available only if "FTR" is indicated in the record.</b> Specify the case number, date, and time of the hearing. Financial arrangements must be made with the Clerk's Office before the recording is prepared. Copy cost: \$34 for each recording. If payment is authorized under the CJA, attach the CJA-24 voucher.					
PROCEEDING(S)			DATE(S)	JUDGE	
<b>14. TRANSCRIPT OF HEARING OR TRANSCRIPT OF FTR RECORDING REQUESTED</b> Contact the Court Reporter via e-mail using the address listed at ord.uscourts.gov (or by calling 503-326-8190 if no reporter is named on the docket), and file this form in the case using CM/ECF. Specify the case number, date, and time of the hearing. Financial arrangements must be made with the Court Reporter before the transcript is prepared. If payment is authorized under the CJA, attach the CJA-24 voucher.					
PROCEEDING(S)			DATE(S)	JUDGE	
Status Conference			1/24/25	Nelson	
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